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ABSTRACT

There is little hope that any single philosophy of health education will emerge to become dominant in the foreseeable future. Rather, our culture encourages a range of philosophical assumptions, valuing diversity more than consistency. It is the assumption of this brief paper that most perspectives or philosophical positions can be represented best in the form of a continuum implying that a number of positions can be taken between the two extremes. The first of these is titled, "What do you want to happen?" The far left is labeled thinking/decision-making, and the far right is labeled specific behavior change. This can lead to another continuum that reflects some basic assumptions about the nature of the human individuals who are educated. This is labeled, "What should be the focus of health education?", with behavior reinforcement on the left of the continuum and behavior on the right. An increasingly important philosophical difference arises from a trend in American culture and is labeled, "What is success in health educating?" Functioning is on the left of the continuum, and rule-following is on the right side. Because of different settings for health education, different age learnings, different degrees of emergency in the message, and different backgrounds and temperaments of those who claim the professional title, we shall continue to have different philosophies. (SK)

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THERE IS NO PHILOSOPHY OF HEALTH EDUCATION!
rather...
OUR STRENGTH AND OUR WEAKNESS IS IN THE MANY

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There is very little hope that any single philosophy of health education will emerge to become dominant in the foreseeable future. Rather, the culture in which we health educate encourages a range of philosophical assumptions, valuing diversity more than consistency. It is the assumption of this presentation that most perspectives or philosophical positions can be represented best in the form of a continuum, implying that a number of positions could be taken between the two extremes.

The first of these might be called

"WHAT DO YOU WANT TO HAPPEN?"

Thinking, Decision-Making ——— Specific Behavior Change

From the left extreme to the center are health educators interested in having learners think about issues in new and different ways, confident that this thinking and consideration process will result in the best decision-making for the individual. The educator is not overly concerned about what decision is made or whether behavior is affected. Those taking positions from the center to the right extreme are much more concerned that particular decisions be made and that certain behaviors become normative and that others be discontinued. And as the extreme is approached the educator is less and less concerned with what people think...as long as they behave healthfully.

This can lead to another continuum, which reflects some basic assumptions about the nature of the human individuals who are educatees. It could be titled

"WHAT SHOULD BE THE FOCUS OF HEALTH EDUCATION?"

Behavior Reinforcement ——— Behavior Change

The left extreme assumes maximum faith in the goodness and positive nature of man, while the right extreme sees the human as continuously having problems. Thus health educators with a philosophy to the left of center focus more on what people are doing right and hence seek to reinforce present healthful behavior more than advocating change. In contrast, health educators tending to the right are more concerned with what folks are doing wrong and on how they should change behavior in order to experience more well-being.

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An icreasingly important philosophical difference arises from a trend in American culture and could be titled:

"WHAT IS SUCCESS IN HEALTH EDUCATING?"

Functioning — Rule-Following

Educators to the left of center are interested in how people function, totally, despite some practices not generally correlated with health. Their "adversaries" to the right prefer statistics and probabilities and see health as resulting from doing certain things and not doing others. "Functioning" people tend to have a present, short-range, "now" orientation, while "rule-followers" give more credence to the future and have more long range faith that certain prescribed behaviors will eventually be of obvious value.

A final philosophical variation is not represented on a continuum, but by percentages of a whole. Each of the following could be a "pure" philosophical position, but it is doubtful if there are many "pure" practitioners.

> Emphasis on FACTS...the essence of health education is cognitive learning of facts, ideas, concepts
>
> Emphasis on ACTIVITIES...the essence of health education is learning how to learn by being actively involved in the various processes.
>
> Emphasis on MODELING...the essence of health education is being an example that learners can and want to emulate.

Percentages of a whole means that one health educator might consider himself (in order, above, with 10 representing the whole) a 5-3-2, another a 2-6-2, yet a third a 2-1-7, and a fourth a rather eclectic 3-4-3.

A health education philosophy would represent some consistent place on each continuum, with some sort of scorn for alternatives. Because of different settings for health education, different age learners, different degrees of emergency in the message, AND different backgrounds and temperaments of those who claim the professional title, we shall continue to have philosophies. It could be a weakness. We might as well see it as a strength. A philosophical choice, certainly.

Presented at the A.A.H.E. Session on Philosophy in Health Education, Milwaukee, Wisconsin, April 2, 1976.